

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

659

Place of Birth

(Registration District)

Snowflake

County

Navajo

No.

St.

SEX OF CHILD*

 Twin
Triplet
or other?

and

 Number
in order
of birth

Male

DATE OF BIRTH*

Oct 27 1939

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Charles Stanley Shumway

FULL*
MAIDEN
NAME

MOTHER

Frances Ballard

 I HEREBY CERTIFY that the child described herein
has been named

 Charles Floyd Shumway
(Give name in full) (Surname)

 Frances Shumway
(Parent's Signature)

 Kramer
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blanche Flake

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-48—S.P.Co.

 This was under Mrs. Kramer & I am
sending it in B.F. reg.